



#	Subject Superscript	Description																
1	Signs of insulin resistance	<ul style="list-style-type: none"> <li>• Hypertension</li> <li>• Dyslipidemia (&lt;HDL; elevated non-HDL; elevated TG/HDL ratio)</li> <li>• Acanthosis Nigricans/Skin tags</li> <li>• Polycystic Ovarian Syndrome</li> </ul>																
2		Racial/ethnic groups ranked from most to least at-risk for prediabetes and diabetes due to genetic and environmental factors: <ul style="list-style-type: none"> <li>• Native American (most at-risk)</li> <li>• African American</li> <li>• Hispanic</li> <li>• Asian American</li> <li>• Pacific Islander (least at-risk)</li> </ul>																
3	American Diabetes Association lab-based classifications for normal, prediabetes, and diabetes ranges	<table border="1"> <thead> <tr> <th></th> <th>Normal</th> <th>Prediabetes</th> <th>Diabetes</th> </tr> </thead> <tbody> <tr> <td><b>HA1C</b></td> <td>&lt; 5.7%</td> <td>≥ 5.7% and ≤ 6.4%</td> <td>≥ 6.5%</td> </tr> <tr> <td><b>FPG</b></td> <td>&lt; 100 mg/dL</td> <td>≥ 100 to 125 mg/dL</td> <td>≥ 126 mg/dL <b>AND</b> diabetes symptoms</td> </tr> <tr> <td><b>2-hr OGTT</b></td> <td>&lt; 140 mg/dL</td> <td>≥ 140 to 199 mg/dL</td> <td>≥ 200 mg/dL</td> </tr> </tbody> </table>		Normal	Prediabetes	Diabetes	<b>HA1C</b>	< 5.7%	≥ 5.7% and ≤ 6.4%	≥ 6.5%	<b>FPG</b>	< 100 mg/dL	≥ 100 to 125 mg/dL	≥ 126 mg/dL <b>AND</b> diabetes symptoms	<b>2-hr OGTT</b>	< 140 mg/dL	≥ 140 to 199 mg/dL	≥ 200 mg/dL
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Children with FPG values between 86–99 mg/dL have 2 times the risk for developing diabetes and 3.4 times the risk for developing prediabetes as an adult regardless of weight status.																		
4	HA1C as a primary screening tool	<ul style="list-style-type: none"> <li>• AVOID screening with HA1C in the following patients: <ul style="list-style-type: none"> <li>– HbSS, HbCC, and HbSC due to associated anemia, increased red blood cell turnover, and rigorous transfusion requirements that distort A1c reading</li> <li>– Anemia due to risk of falsely high reading</li> <li>– Iron deficiency due to risk of falsely high reading</li> <li>– Heavy (menstrual) bleeding due to risk of a falsely low reading</li> <li>– Kidney failure</li> <li>– Liver failure</li> <li>– Hemoglobinopathies (i.e. thalassemias)</li> </ul> </li> </ul>																
5	Lifestyle interventions	<ul style="list-style-type: none"> <li>• Nutrition: Create tailored dietary prescription with monthly follow-up</li> <li>• Weight management: <ul style="list-style-type: none"> <li>– Primary goal: weight maintenance</li> <li>– Secondary goal: loss of 0.5–1 kg per month in growing patients <b>OR</b> 0.5–1 kg per week in post-pubertal adolescents to achieve 5% to 10% weight percentile drop <b>OR</b> &lt; 85th percentile for BMI</li> </ul> </li> <li>• Exercise: <ul style="list-style-type: none"> <li>– Aerobic exercise 1-hr daily (walk, run, team sports, bike, hike, etc.)</li> <li>– Strength exercise 3X per week <ul style="list-style-type: none"> <li>* Body weight exercises such as push-ups, planks, sit-ups, and squats are recommended for children and adolescents</li> <li>* Resistance band, light free weight, and light weight machine exercises are recommended in adolescents with proper training</li> </ul> </li> </ul> </li> <li>• Behavior: &lt;2 hours of non-academic screen time is recommended</li> </ul>																
6	Utility of the 2-hr OGTT	The 2-hr OGTT is not a preferred screening test due to limited feasibility, costliness and the burden it imposes on patients.																

**Citations:**

- Children’s National Hospital Endocrinology Department
- Academy of Nutrition & Dietetics, Evidence Analysis Library of the Academy of Nutrition & Dietetics, 2015, <https://www.andeal.org/topic.cfm?menu=5296&cat=5632>
- American Diabetes Association, Diabetes Care, 2020, <https://doi.org/10.2337/dc20-s013>
- American Diabetes Association, Diabetes Care, 2020, <https://doi.org/10.2337/dc20-s002>
- American Diabetes Association, Diabetes Care, 2020, <https://doi.org/10.2337/dc20-s015>
- American Diabetes Association, Diabetes Care, 2020, <https://doi.org/10.2337/dc20-s005>
- American Diabetes Association, Diabetes Care, 2020, <https://doi.org/10.2337/dc20-s006>